## CCCHP Reimbursement Request Checklist

Have you submitted the required documents? Here is a list:

Ba	ckup Documentation
	Have you included documentation that shows payment was made for each of the approved budget categories?
	r the Grant and match shares, the following documentation is considered necessary ckup:
Pe	rsonnel (Timesheets)
	Have you or other staff working on the project and the appropriate supervisor signed and dated the timesheets?  Do they clearly identify the day, month, and hours spent on the grant project?  Have you identified the hourly rate (including benefits) at which the work is being charged? Have you submitted documentation to justify the hourly rate? Is the hourly rate at or below the rate of \$82.49?  Was the work completed during the grant period?
<u>C</u>	onsultant/contractor Services
	Have you enclosed the invoice from the consultant/contractor? A copy or original is fine. Does the invoice clearly indicate the time in which the work was performed? Has the invoice been signed and dated by the consultant/contractor? Was the work performed during the grant period? Did you include all necessary copies of cancelled checks, bank statements, receipts, etc. to prove payment?
Tr	Were travel expenditures identified in your original project budget? Has each individual completed the travel form if necessary? Are the original signatures on the travel form for both the individual and the project director? Was the travel completed during the grant period? Is the requested travel reimbursement at or below the allowable federally approved rate? Tips or gratuities are not reimbursable. Have you adjusted your travel claim(s) accordingly?
Su	pplies/Operating
	Were these expenditures identified in your original project budget? Were these expenditures within the grant period? Have you included copies of all receipts/invoices? Are they clearly identified? If a receipt includes items not reimbursable with grant funds, are the items being claimed highlighted? Were the supplies purchased during the grant period?

## **CCCHP** Reimbursement Request Checklist

☐ Were the operating expenses performed during the grant period?

## CCCHP Reimbursement Request Checklist

## **Donated Equipment/Material Forms**

	If necessary, have you completed the "Value of Donated Equipment" form?
	o Is the supervisor's original signature on the "Value of Donated Equipment" form?
	o Is the hourly rate identified? Is the hourly rate at or below the rate of \$82.49?
	• Are the equipment operator's original signature(s) and the volunteer's supervisor's
	original signature on the form?
	<ul> <li>Was the use of the donated equipment done during the grant period?</li> </ul>
	If necessary, have you completed the "Value of Donated Material" form?
	o Is the supervisor's original signature on the "Value of Donated Material" form?
	<ul> <li>Is the current fair market value identified and justified?</li> </ul>
	<ul> <li>Is the date of the donation identified on the form?</li> </ul>
	<ul> <li>Was the donation made during the grant period?</li> </ul>
D۵	onated Labor Forms
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	Has each volunteer completed a "Value of Donated Labor" form if necessary?
	Are the original signatures on the "Value of Donated Labor" form from both the volunteer
	and the volunteer's supervisor?
	Is the wage rate identified and justified? Is the hourly rate at or below the rate of \$82.49?
	Are the month, day and hours worked identified on the form?
	Was the work performed during the grant period?
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<u>Ot</u>	ther Expenditures  Were these expenditures identified in your original project budget?
<u>Ot</u>	Were these expenditures identified in your original project budget? Were these expenditures within the grant period?